

South Dakota Department of Health
Pandemic Influenza Community Planning Grant
Phase II



**CONTINUED PLANNING/EXERCISE/TRAINING
APPLICATION COVER PAGE**

Applicant Information:

Check one: ☐ City ☐ County ☐ Tribal Gov't. ☐ Healthcare Entity ☐ Other

Applicant/Organization Name

Designated Lead (name and title/position)

Physical Address City State Zip Code

Mailing Address City State Zip Code

Phone Number Fax E-mail Address

List of additional municipalities, counties or tribal agencies included in Phase II application that were not included in Phase I planning activities.

Signature of Authorizing Official:

Authorizing Official Title

Signature Date

Return to:

Office of Public Health Preparedness & Response
South Dakota Department of Health
600 E Capitol Ave
Pierre SD 57501-2536
605-773-2981